

**LLANFYLLIN
RURAL DISTRICT COUNCIL.**

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1953.

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CARTREF,

LLANFAIR CAEREINION,

WELSHPOOL.

20th August, 1954

*To the Chairman and Members of the Llanfyllin Rural
District Council.*

Lady and Gentlemen,

I have the honour to submit to you my Annual Report, dealing with Vital Statistics, Health and Sanitary Circumstances of your District for the year 1953.

Vital Statistics are not very dissimilar to those of the previous year and compare favourably with those for the country in general.

The Birth Rate has increased somewhat and it is very gratifying to note that no maternal death has been notified since the year 1948.

The services for the early detection and treatment of Tuberculosis are most diligent and assiduous in various efforts to eradicate this disease and, in the field of animal diseases, similar efforts are being made to render our meat and milk supplies free from, in particular, Tuberculosis.

While the incidence of this disease does not appear to alter much—owing probably to improving methods of investigation and detection—an examination of mortality statistics would indicate continuing and substantial improvement.

Guardians of children are again reminded that the continued freedom from Diphtheria is due, in all probability, to the immunity conferred by injection.

No efforts on their part, therefore, should be spared to ensure that all children should receive their protective injections.

Progress is being made with the erection of new houses especially in the eastern part of the District and, while the demand for houses still remains, it is not so acute.

The Extension of Public Water Supply schemes where possible is still very essential and this applies equally to sewage disposal schemes. Progress is being made in one area in this respect but many other villages still await the installation of these long overdue amenities.

The General Health and standard of living appears to be well maintained and, as far as one can observe, there appears to be very little unemployment.

The very essential maintenance of your extending house properties, estates, water and sewage disposal works will add considerably to your pre-occupations and these will of course increase with the completion of proposed new schemes.

In view of the imminent changes which will affect me this is probably the last Annual Report which I shall have the pleasure of submitting to you.

May I therefore be allowed to place on record my thanks to you Mr. Chairman, Members and Past-Members of the Council for your co-operation down the years and the many kindnesses and assistance which you have always invariably given me, and, with your further permission, may I extend to your staffs my very sincere thanks for their unfailing advice, assistance and co-operation at all times. It has always given me pleasure to work with them.

I have the honour to remain,

Lady and Gentlemen,

Your obedient Servant,

W. MILTON JONES,

M.B., Ch.B.

SECTION "A."

Statistics and Social Conditions of the Area.

Area of the District—163,477 Acres.

Registrar General's estimate of Population for mid-year
1953—9,923.

Population (1951 Census)—10,261.

Number of Inhabited Houses—3,348.

Rateable Value—£57,710.

Sum represented by a Penny Rate—£236.

Extracts from Vital Statistics for the Year 1953.

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Live Births (Total 169)	{ Legitimate	...	78	74	} 169
	{ Illegitimate	...	11	6	

Birth Rate per thousand of the estimated population—17.03.

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Still Births	{ Legitimate	...	1	—	1
	{ Illegitimate	...	—	—	

Still Birth Rate per thousand of the estimated population—0.1.

Deaths. Males—62; Females—55; Total—117.

Death Rate per thousand of the estimated population—11.8.

Number of Women dying in or in consequence of child birth:—

From Sepsis—Nil. From other causes—Nil.

Maternal Mortality Rate per thousand total births—Nil.

Number of Deaths of Infants under 1 year of age:—

				<i>Male.</i>	<i>Female.</i>	<i>Total</i>
Legitimate	...	...	...	3	—	} 5
Illegitimate	...	...	...	—	2	

Death Rate of Infants under 1 year of age:—

All Infants per thousand Live Births—29.6.

Legitimate Infants per thousand Live Births—17.8.

Illegitimate Infants per thousand Live Births—11.8.

Still Birth rate per thousand total (live and still) Births—5.8.

Deaths of Infants under 4 weeks of age—

				Male.	Female.	Total.
Legitimate	...	...	...	3	—	} 4
Illegitimate	...	...	...	—	1	

Death rate of Infants under 4 weeks of age—

All Infants per thousand Live Births—23.7.

Legitimate Infants per thousand Live Births—17.8.

Illegitimate Infants per thousand Live Births—5.9.

Deaths from Whooping Cough (all ages)—Nil.

Deaths from Measles (all ages)—Nil.

Deaths from Diarrhoea (under 2 years of age)—Nil.

Deaths from Cancer—

Male—8 ; Female—12 ; Total—20.

Average age of those dying from Cancer—62 years.
and ages varied from 42 years to 83 years.

Deaths from Tuberculosis. The death of one Male—Non-Pulmonary, aged 53 years was reported as having taken place in hospital.

Total deaths of Residents of the area who died in Hospitals and Institutions—24.

Percentage of Total Deaths for the area of those who died in Hospital and Institutions—20.5.

The Registrar General's Comparability Factors for the area for the year 1953 are given as Births 1.28 and Deaths .85.

The following Vital Statistics for England and Wales are for the year 1953 and are included herewith for the purpose of comparison—

Death Rate per thousand of the Home Population—11.4

Birth Rate { Live Births per thousand of the Home Population—15.5
 { Still Births per thousand of the Home Population—0.35

Maternal Mortality Rate—Per Thousand Total Births—0.76.

Death Rate under 1 year of age—

Per thousand of the related live Births—26.8

Death Rate due to Enteritis and Diarrhoea (under 2 years of age)
—1.1.

Still-Birth Rate Per Thousand—Total (Live and Still) Births
—22.4.

Infantile Mortality.

During the year the deaths of Five Children under the age of one year were reported. Three of these were males and two were females the latter being illegitimate infants.

The ages varied from eleven hours to one month. Two infants died owing to non expansion of the lungs at birth. Two died as the result of prematurity and the fifth died as the result of Broncho-Pneumonia.

The Infant Mortality Rate for the area 29.6 per thousand live births is slightly above that for England and Wales which. for the year, was 26.8.

Four of these deaths occurred outside the area, three taking place in Hospitals to which the mothers had been admitted for their confinements.

Continued ante-natal supervision and advice to expectant mothers appears to offer the best means of maintaining a low infant death rate.

General observation would appear to indicate that modern infants, babies and children are healthy, robust and happy and reflect much credit upon those who have charge and care of them.

Maternal Mortality.

It is again very gratifying to report that there were no deaths attributable to any maternal or associated causes.

The system of "Home Help" is very much appreciated and removes much of the anxiety which used to be associated with confinements whether these take place at home or in Hospital.

An increasing number of expectant mothers find it much more satisfactory to be confined in Hospitals and this applies more especially to those who reside in the many isolated districts.

The following is the Registrar General's detailed list of the various causes of deaths, together with numbers and sex, allotted to the area during the year 1953:—

<i>Disease</i>	<i>Qtrs. 1—3</i>	<i>Qtr. 4</i>	<i>Qtrs. 1—3</i>	<i>Qtr. 4</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Tuberculosis Non Respiratory ...	1	—	—	—
Acute Poliomyelitis ...	—	2	—	—
Malignant Neoplasm—Stomach ...	3	—	4	1
Malignant Neoplasm—Breast ...	—	—	1	1
Other Malignant				
Lymphatic Neoplasms ...	4	1	3	2
Vascular Lesions of				
Nervous Systems ...	5	—	3	2
Coronary Disease (Angina) ...	7	1	1	—
Hypertension				
with Heart Disease ...	—	1	—	—
Other Heart Disease ...	13	3	11	—
Other Circulatory Disease ...	—	—	4	—
Influenza ...	—	—	2	—
Pneumonia ...	1	—	—	—
Bronchitis ...	1	—	3	—
Other Diseases of				
Respiratory System ...	1	1	—	—
Nephritis and Nephrosis ...	—	1	—	—
Hyperplasia of Prostate ...	—	1	—	—
Congenital Malformations ...	—	—	—	1
Other defined and				
Ill-defined Diseases ...	13	2	13	1
Motor Vehicle Accidents ...	—	—	1	—
All other Accidents ...	—	—	—	1
Totals	49	13	46	9

Of these deaths 54 were 70 years and upwards and, in this number, 26 were over 80 years and 2 were over 90.

Average age at death of those who died in the area 74 years.

Average age of inhabitants of the area but whose deaths took place outside the area—58 years.

The following Table summarizes the Vital Statistics of the District
for the Years 1933—53.

Year	Per 1,000 Population				Per 1,000 Births (Live <i>and</i> Still),	
	Birth Rate	Death Rate	Death Rate from Tub- erculosis	Death Rate from Cancer	Maternal Mortality Rate	Rate of Deaths under 1 year
1933	14.1	14.6	.43	2.25	Nil	55.0
1934	15.7	13.8	.53	2.28	5.37	100.0
1935	16.2	12.9	.62	1.4	Nil	41.6
1936	14.1	13.1	.54	1.8	5.7	53.8
1937	13.7	14.6	.63	2.1	6.17	46.6
1938	15.05	12.65	.64	1.38	11.9	49.1
1939	16.4	14.65	.27	1.9	Nil	89.4
1940	11.8	16.7	.46	2.8	Nil	85.1
1941	14.3	15.09	.42	1.04	5.3	61.9
1942	15.3	15.1	.53	2.3	Nil	46.2
1943	17.1	11.9	.09	1.9	Nil	31.6
1944	17.3	14.1	.28	2.0	5.3	44.2
1945	18.52	13.53	.38	2.0	Nil	41.4
1946	15.25	13.1	.38	2.2	Nil	37.5
1947	17.76	13.6	.56	2.4	Nil	32.6
1948	18.02	13.8	.30	2.4	5.3	37.6
1949	17.63	13.0	.29	1.8	Nil	54.6
1950	15.17	12.65	Nil	2.0	Nil	44.6
1951	15.46	14.08	.29	1.57	Nil	38.2
1952	15.30	11.30	.32	1.70	Nil	27.6
1953	17.03	11.8	.10	2.11	Nil	29.6

SECTION "B."

General Provision of Health Services for the Area.

1. (a) One Part Time Medical Officer of Health.
- (b) One Surveyor and Chief Sanitary Inspector.
- (c) One Deputy Chief Sanitary Inspector.
- (d) One Unqualified Sanitary Assistant.

The two Officers holding appointments as Sanitary Inspectors also also act as Food Inspectors when necessary and both hold the appropriate certificate of the Sanitary Institute.

2. (a) **Laboratory Facilities.** No change.
- (b) **Ambulance Facilities.** No change.
3. (a) **Nursing in the home.** No change.
- (b) **Nursing of Infectious Cases.** No change.
4. **Treatment Centres and Clinics.** No change.
5. **Hospitals—Public and Voluntary.** No change.
6. **Nursing Homes.** No change.

Schools.

There were no school closures due to infectious diseases during the year.

An epidemic of measles in one area coincided with the Summer Holidays so that the question of closure did not arise—nor was the procedure indicated in respect of the few cases of Whooping Cough which occurred amongst school children and was prevalent throughout the year.

General health of school children appears to be good and physique in general is improving, which facts are, without doubt, due to better standards of living and improved school conditions.

Children continue to be closely supervised and those in charge of children who, for varying reasons, are backward are given the opportunity to allow such children to be admitted into special schools now available for them.

SECTION "C."

Sanitary Circumstances of the Area.

Water Supplies.

(i) Quality.

To report upon the quality of the water supplies in the district it is necessary to distinguish between public supplies and supplies drawn from privately owned sources.

(a) Public supplies operated by the Council.

Dealing with the public supplies in my last annual report, I stated that the results of bacteriological examinations of a large number of samples taken were disappointing and I pointed out that the number of samples falling into each category was not by itself a reliable method of assessing the general quality of the waters supplied because more attention was given to those supplies which gave unsatisfactory results than to those supplies which regularly gave good results. However, during 1953 the results of bacteriological examinations of samples from the various water schemes operated by the Council shew some improvement. It is always difficult to account for the occasional unsatisfactory result and, consequently, for any improvements which may occur. During the year under review closer supervision of the various sources was carried out and this may well be reflected in the quality of the untreated supplies.

The results of samples examined bacteriologically during 1953 are given below together with those for 1952.

Bacteriological Examination of Water Samples from Works Operated by the Council.

Untreated Supplies.					
	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1952	33	1	6	37	77
1953	36	13	8	8	65
	69	14	14	45	142

Treated Supplies.					
	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1952	22	0	1	7	30
1953	39	0	6	2	47
	61	0	7	9	77

In addition to the 112 samples examined bacteriologically during the year, 18 samples were submitted for chemical analysis by the Public Analyst. All gave satisfactory results.

(b) **Private Supplies.**

Requests are continually being received from individuals for samples of privately owned supplies (mostly shallow wells) to be examined. It is not always practicable to comply with the many requests received but nevertheless, 75 samples of private waters were bacteriologically examined during the year and gave the following results.

Number of samples found highly satisfactory—16		
„	„	„ satisfactory—9
„	„	„ suspicious—13
„	„	„ unsatisfactory—37

It will be seen that two thirds of the samples were found to be either suspicious or unsatisfactory, and I should say that these results are the best indication available of the general quality of private waters throughout the district.

As I stated in my report for 1952, the private water supply schemes carried out with the aid of grants administered by the Agricultural Executive Committee frequently result in water of good quality being piped into farm houses situated beyond the reach of public mains. While the merits of these grant-aided farm water schemes are assessed mainly from the agricultural aspect, there is no doubt that they deserve every encouragement from the Sanitary Authority in areas such as this where comprehensive distribution systems are economically impossible at the present time.

(ii) **Quantity.**

Every parish, throughout the district, requires additional supplies and I give below a brief description of the circumstances in various localities at the end of 1953.

(a) **Parish of Llanfair Caereinion.**

This parish has the highest population of any in the rural district and contains more houses supplied with water from public mains than any other parish. Nevertheless, less than half of the houses in the parish are within reach of water mains. The supply to the village is inadequate to ensure a constant supply during periods of drought and any further development is impossible until the supply is augmented. Fortunately, new works are under construction which will afford an abundant supply and the problem in the future is likely to be one of distribution.

(b) **Parish of Llanfechain.**

A new scheme of water supply for the village of Llanfechain is now operating. The source is a well in valley gravel where the water is chlorinated and pumped to a service reservoir. There is no doubt that the new works have greatly improved living conditions in the village and have made possible the erection of a fair sized housing estate and school. A number of agricultural properties are supplied and while the amount of water available is comparatively small, it is unlikely that there will be any shortage of supplies for many years, within the area of the distribution system.

(c) **Parishes of Llandrinio, Llandysilio, Carreghofa and Llansantffraid Deytheur.**

Hitherto, there has been no public piped water supply available in these four parishes and consequently, housing development has been completely held up. I am glad to be able to record however, that good progress is being made with works which will bring a supply to some part of each of these parishes and that this has already enabled substantial progress to be made with the erection of houses. The distribution of water within each parish will remain a problem which, so far as I can see, can only be solved by the construction of an expensive layout of water mains.

(d) **Parishes of Garthbeibio and Llangadfan.**

These parishes contain the villages of Foel and Llangadfan, both of which are supplied from a source at the Foel. Further development of these villages cannot take place without endangering the adequacy of the supply.

(e) **Parish of Llanfihangel.**

The hamlet of Llanfihangel is a comparatively small one of less than a dozen houses. It has no public piped supply and most of the houses are dependent upon a privately owned supply which is inadequate for the needs of the hamlet. Better provision for the hamlet is needed, but owing to the elevation of the locality, I understand that it is difficult to provide it with a supply of water at reasonable expense. In the meantime, the acquisition of the existing supply by the Council certainly seems highly desirable so that the best possible use can be made of the limited supply available.

(f) **Village of Pontrobert.**

There is no public supply in this village and the provision of a suitably piped supply is an urgent necessity.

(g) **Parish of Meifod**

The village of Meifod is adequately supplied but some extension of the distribution system is badly needed.

(h) **Parish of Pennant.**

The present needs of the village of Penybontfawr are catered for by the existing scheme, but additional houses cannot safely be erected nor a sewerage scheme embarked upon until the supply is augmented.

Plumbo-Solvent Action.

I would not expect any of the piped supplies controlled by the Council to have a marked aggressive action on metals. In two cases, the water is passed through a contact chamber of limestone chippings to counteract any acidity in the water.

Dwelling Houses supplied from Public Mains.

The following table gives the number of dwelling houses and the estimated population supplied from public water mains directly into the houses or by means of standpipes.

Parish.	Supply laid on to dwellings or curtilage.		Supply by Standpipe.	
	Number of Dwellings	Approx. Population	Number of Dwellings	Approx. Population
Works controlled by Council.				
Meifod ...	42	164	38	152
Llanerfyl ...	25	99	16	68
Llansantffraid Pool	78	280	65	272
Pennant ...	32	120	21	84
Llangynog ...	29	120	51	200
Llangadfan ...	21	104	19	76
Llanfair Caereinion ...	147	588	69	280
Llanfihangel including Dolanog Village } ...	13	52	—	—
Garthbeibio ...	—	—	1	2
Llangyniew ...	—	—	—	—
Hirnant ...	—	—	—	—
Llandysilio ...	—	—	—	—
Llandrinio ...	—	—	—	—
Llanfechain ...	61	240	—	—
Llansantffraid Deytheur	—	—	—	—
Guilsfield (without) ...	—	—	—	—
Llanrhaiadr ...	40	150	—	—
Works not controlled by Council.				
Llanfihangel ...	3	—	7	—
Llanwddyn ...	94	376	—	—
Carreghofa ...	50	200	2	7
Hirnant ...	2	8	—	—
Llangynog ...	2	7	—	—

Drainage and Sewerage.

On many previous occasions I have drawn attention to the need of modern sewerage works in various villages in the district and, in 1944 I expressed my appreciation of the Council's action in authorising the preparation of sewerage schemes for seven villages. It is surprising and disappointing to find almost ten years later that with the exception of a scheme for Llanrhaiadr village, constructional work has not commenced on any of the schemes envisaged. I am glad to record that during the year under review good progress has been made in providing sewers in the village of Llanrhaiadr, which will convey sewage to disposal works situated in the area of the adjoining authority.

Closest Accommodation.

I do not recall ever being able to report much change under this heading for the obvious reason that, in the absence of sewers, the number of conversions was necessarily small. During 1953 however, a sewer became available in the village of Llanrhaiadr and full advantage was taken of it by householders in the village. Thirty one pail closets were converted into water closets and connected with the new sewer.

Public Cleansing.

There has been little change in arrangements for house refuse collection during the year. Most of the villages and hamlets in the district are now scavenged by the Council either through their own Contractors or by arrangements with an adjoining Authority.

Although the present arrangements are fairly comprehensive in that they cater for most groups of houses, there still remains a comparatively large number of houses so situated that it is almost impossible to extend the service to them. The cost of scavenging during the financial year ended March 1953 was £1,692. It remains a matter for the Council to consider whether an increased expenditure can be justified and some of the more remotely situated houses included in the service.

Sanitary Inspections.

During the year the Sanitary Inspectors carried out the following inspections :—

Public Health	...	67
Water Supplies	...	69
Drainage	...	123
Complaints	...	42

Food and Drugs	...	30
Factories	...	26
Infectious Disease	...	14
Housing Inspections		94
Rural Housing Survey		690

As a result of the above inspections the following notices were served, with the result indicated.

Informal.		Statutory.	
Served.	Complied With.	Served.	Complied With.
46	28	3	1

Shops and Offices.

It was not necessary to take any action during the year.

Camping Sites.

There are no licensed camping sites in the district.

Smoke Abatement.

No action necessary during the year.

Swimming Baths and Pools.

There are no swimming baths or pools in the district.

Eradication of Bed Bugs.

One case of infestation by Bed Bugs occurred during the year and was dealt with by the occupier of the premises.

Section "D"

Housing.

Details of the number of housing inspections made during the year appear earlier in this report.

The Rural Housing Survey was commenced in 1950 but unfortunately progress has been much slower than expected owing to other demands on the staff. The number of houses inspected and classified each year is as follows :—

1950	—	471
1951	—	334
1952	—	572
1953	—	690
Total		2067

The Survey is now complete in the Parishes of Llanfechain, Llandysilio, Llandrinio, Llansantffraid Pool, Llansantffraid Deytheur, Pennant, Carreghofa, Llanfair and Llanwddyn.

Although more houses were inspected and classified during 1953 than in any previous year, nearly all the work was done during the first half of the year and towards the end of the year it became quite impossible to make any progress whatsoever with the survey owing to other more urgent demands on the staff. The survey is now approximately two-thirds complete but there appears to be little prospect of completing the work in the near future.

I do not propose in this report to attempt a summary of the results of the survey as so far carried out. This must form the subject of a separate report, but I may here mention that the survey shows the number of unfit houses in the district to be as high as 20% in some parishes. Most of the unfit houses are let at very low rents and I fear it will be difficult to provide satisfactory alternative accommodation at rents acceptable to the occupiers.

In my last annual report I drew attention to the possibility of improving houses with the aid of Improvement Grants under the Housing Act 1949 and referred to the small number of applicants for these. My experience during 1953 was that comparatively few owners wished to take advantage of the Act. Only five applications were received during the year making a total of 28 applications received.

The position of the 28 applications at the end of 1953 was as follows :

- 9 - not pursued by the applicant
- 6 - found to be ineligible
- 8 - granted and works in progress
- 5 - granted and works complete

The shortage of accommodation in most parts of the district made it inadvisable to close or demolish many houses during the year although there are, as the Council are aware, many houses which can only be dealt with by demolition or change of use. During the year I made official representations in respect of 12 unfit houses. Some of these are now unoccupied and I would urge the Council to see that steps are taken to prevent their re-occupation.

Factories Acts 1937 and 1948.

PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	2	1	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	24	1	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3			
TOTAL	37	26	2	

2.—Cases in which **Defects** were found.

Particulars (1)	No. of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector. (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient					
(b) Unsuitable or defective	2	2			
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)					
TOTAL	2	2			

Outworkers

There are no outworkers in the district and therefore no statistics relating to Part VIII of the Act are included in this report.

Section "E"

Food

The Welsh Board of Health in Circular 1/54 (Wales) stated that information on the following lines should be included in this report:—

(1) There are in the district the following numbers of premises where food is prepared, sold or stored:—

Bakehouses	...	7
Butcher's Shops	...	10
Fried Fish and Chip Shops		3
General Provisions Shops		52
Greengrocer's Shops	...	1
Confectioner's Shops	...	3
Cafe's	...	5
Licensed Premises	...	29
Ice Cream Manufactory	...	1
Cheese Manufactory	...	1

(2) Section 14 of the food and Drugs Act requires the registration of all premises used for the manufacture or sale of ice cream or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale. The following numbers of premises are so registered:—

For the manufacture of ice cream	1
For the sale of ice cream	20
For the manufacture of sausages	3

There are no dairies registered by this Council under the Milk and Dairies Regulations 1949, but four dealers with premises outside the district hold supplementary licences from the Council authorising them to sell T.T. and Pasteurised milk within the district.

(3) The number of inspections of various premises appears earlier in this report. Of the registered food premises particular attention had to be paid to the one in which ice cream was manufactured for sale. A total of 14 samples of ice cream was taken from the factory and the results were as follows :—

Grade 1	-	7
Grade 2	-	2
Grade 3	-	4
Grade 4	-	1

(4) Educational activity in relation to food hygiene was confined to advice and discussion during routine inspection of food premises.

(5) No abattoir operated in this district and only small quantities of meat and other foods were found unfit for human consumption. The amounts of various foods condemned were as follows and these were disposed of on the Council's refuse disposal sites :—

2 Carcases of Lamb	66 lbs.
Tinned Meat	20 lbs.
Cooked Ham	2½ lbs.
Tinned Fruit	2 lbs.

(6) No special examination of a stock or consignment of food was necessary.

Section "F."

Prevalence of, and control over, Infectious Diseases.

While sporadic cases of measles occurred throughout the area during the year a sharp epidemic of this disease occurred amongst, mainly, children of School ages in the North-Western portion of the District. With the result that 83 cases of measles were notified. The Epidemic passed leaving no apparent ill effects amongst those who had contracted the disease.

This particular epidemic occurred during the period of the Summer holidays so that the question of School closure did not arise.

15 cases of whooping cough were notified and these apparently occurred throughout the year. No deaths due to these diseases were notified.

Notifications in respect of Pneumonia numbered 24 and one male death was reported as being due to this disease.

Three cases of Scarlet Fever were notified and it is of interest to note that, for some reason, the incidence and virulence of this disease is diminishing. Five cases of acute poliomyelitis were notified—all these occurred during the second half of the year. Three cases of the non-paralytic type of this disease were reported—two being males aged $2\frac{1}{2}$ years and 27 years respectively and one female of 17 years.

Two males afflicted with the paralytic type of this disease were 60 years and 52 years respectively and the deaths of both took place in Hospital.

All these cases, which occurred in the Eastern portion of the area, were investigated but the source and origin of the infection could not be traced.

Movements of all patients were very limited and circumscribed before they became ill. All cases resided in isolated Farms and Smallholdings—three being very isolated.

In all, and excluding notification of all forms of Tuberculosis, 133 cases of infectious diseases were notified during the year and increase upon the number for the previous year.

Again no cases of Diphtheria were notified during the year but this fact should not allow of any complacency and those in charge of children are again reminded of the importance of maintaining a high state of immunity amongst all children through the medium of the easily available and appropriate injections against the disease.

The same remarks apply to the necessity of giving children and others artificial protection by vaccination against Small-pox. Comparative freedom from this disease down the years was and is the result of immunity conferred by Vaccination and it is noted with some regret that fewer infants, now-a-days, are being taken to the appropriate Surgeries or clinics for the purpose of Vaccination.

The following tables give details of diseases notified during the year (tuberculosis excepted).

Disease.	Number of Cases Notified.		Admissions into Hospital.		Deaths.
Measles ...	83	...	—	...	—
Whooping Cough ...	15	...	—	...	—
Scarlet Fever ...	3	...	—	...	—
Pneumonia ...	24	...	—	...	—
Erysipelas ...	1	...	—	...	—
Puerperal Pyrexia	1	...	—	...	—
Salmonella Infection	1	...	1	...	—
Acute Anterior Poliomyelitis ...	5	...	5	...	— 2?
TOTAL	133	...	6	...	Nil

Age Incidence of cases of Infectious Diseases Notified.

Disease.	Under 1 year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65+	Total.
Measles ...	—	9	6	8	6	40	9	2	2	—	1	—	83
Whooping Cough	1	3	2	1	2	5	1	—	—	—	—	—	15
Scarlet Fever	—	—	—	—	—	3	—	—	—	—	—	—	3
Pneumonia	—	—	1	—	—	4	1	2	1	3	5	7	24
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	—	—	—	1
Salmonella Infection	—	—	—	—	—	—	—	—	—	—	1	—	1
Acute Anterior Poliomyelitis	—	—	1	—	—	—	—	1	1	—	2	—	5
Total	... 1	12	10	9	8	52	11	5	5	3	9	8	133

No immunization against Scarlet Fever was carried out during the Year.

No Vaccinations or re-vaccinations were carried out under the Public Health (Small Pox) regulations.

The usual disinfection of infected premises continue to be carried out when and where necessary under the supervision of your Chief Sanitary Inspector.

Tuberculosis.

No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations (1925).

During the period under review Seven (7) cases of Tuberculosis were notified as compared with eight (8) during the previous year.

Notifications in respect of Males comprised two (2) Pulmonary cases and one (1) non pulmonary case.

Those in respect of females comprised one (1) Pulmonary case and Three (3) Non Pulmonary Cases.

During the year the notification of one death was received as being due to Tuberculosis.

This was a male-aged 54 and was a non Pulmonary case and death took place in Hospital where apparently operation revealed Tuberculosis of the kidneys with Cullenii in the latter organs.

Notification in respect of Tuberculosis appears to be good and all cases were referred to the appropriate authorities.

No chest clinics are held in the area but many of these are easily and readily available in adjoining areas and patients suffering from this disease are under the usual scrutiny and supervision of the Chest Physicians and their staff.

Admissions into Hospital are carried out when necessary and when beds are available.

Early disclosures of Tuberculosis is helped by periodic mass (chest) X-ray of those interested. This service is slowly breaking down the age old antipathy to general investigation of chests and is much appreciated.

**Classification of New Cases of and Deaths from Tuberculosis
according to Age, Sex, etc.**

Age Periods. <i>Years.</i>	—NEW CASES—				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0— 1 ...	—	—	...	—	—	...	—	—
1— 5 ...	—	—	...	—	—	...	—	—
5—10 ...	—	—	...	—	—	...	—	—
10—15 ...	—	—	...	1	—	...	—	—
15—20 ...	—	—	...	1	—	...	—	—
20—25 ...	1	—	...	—	—	...	—	—
25—35 ...	—	—	...	1	—	...	—	—
35—45 ...	1	—	...	—	—	...	—	—
45—65 ...	—	1	...	—	1	...	1	—
65+ ...	—	—	...	—	—	...	—	—
Totals ...	2	1	1	3	—	—	1	—

When and where necessary disinfection is carried out by the Sanitary Inspector and his Staff who also advise upon the destruction of suspect material.

Average age of New Cases notified during the year was 34 years and ages varied from 12 years to 60 years. Notification of cases appears to be satisfactory.

Laboratory Facilities.

No changes to report in this respect. While no facilities exist within the area these are available in Surrounding Counties and these centres are always ready to furnish supplies of lymph, sera, etc.

Cancer.

During the year under review this disease caused 20 deaths. Eight of these were males and twelve were females.

The average age at death was 53 years and ages varied between 42 years and 86 years.



